



Danville, Virginia
www.danvilleva.gov/ada

ADA Grievance Form

Instructions: Please fill out the form completely, sign the form, and submit within 60 days of any incident to:

By Mail:

ADA Coordinator
City of Danville, VA
Office of the City Manager
P.O. Box 3300
Danville, Virginia 24543

By Email:

ada@danvilleva.gov

Type of Grievance (select any that apply):

Accommodation Request

Program/Service Facility

Accessibility

Other:

Department/Program:

CONTACT INFORMATION

Reporting Individual

On Behalf of:

(if different than Reporting Individual)

Full Name:	Full Name:
Address:	Address:
City, State, and Zip Code:	City, State, and Zip Code:
Phone(s):	Phone(s):
E-mail:	E-mail:

COMPLAINT/INCIDENT DETAILS

Date of Complaint/Incident:

Describe the complaint/incident:

Have efforts been made to resolve this complaint through the Department in which the alleged discrimination took place? If yes, please describe the efforts that have been made:

Remedy Sought:

If you need more space for any questions, please attach additional pages as necessary. For questions about this form, please contact ADA Coordinator, Amanda Paez, at ada@danvilleva.gov or call 434-799-5009.